

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		0				
9		0				
10		0				
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		0	1			
19				1		
20				1		
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34			1			
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47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DER.			29			
TOTAL CLAIMS			31			

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS